



Community Awareness, Commitment, and Social Norms Survey

Kansas Power of the Positive

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Evaluation Conducted by the Center for Applied Research and Evaluation

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Process Overview

The Social Norms Survey was created through collaboration between the Centers for Disease Control and Prevention (CDC) and a work group of evaluators from five funded states (California, Colorado, Massachusetts, North Carolina, and Washington) and a self-supported state (Kansas) that are participating in the Essentials for Childhood (EfC) initiative to address adverse childhood experiences (ACEs). The survey was designed to be administered as a baseline measure of awareness, commitment, and social norms regarding child well-being and prevention of ACEs and again as a measure of change following EfC activities in funded and self-supported states. K-PoP intends to have this survey re-administered in the future.

The sections and content of the survey were based on the Theory of Planned Behavior, which posits that behavior can be predicted by measuring awareness of issues/desirable behaviors, commitment to behaving in a desirable way, and beliefs about what constitutes desirable behavior, especially behaviors supported by persons who are respected by the individual. The questionnaire consisted of three sections: (1) awareness, (2) commitment, and (3) social norms. The awareness section focused on actions/characteristics of children, parents, and society that may explain why children struggle. In the commitment section, the questions focused on what people actually did or would to do to support children. Lastly, the questionnaire addressed social norms, or what people believe to be the typical/appropriate behavior(s), related to caring for or supporting the well-being of children.

The Center for Applied Research and Evaluation (CARE) contracted with YouGov, a marketing research company, to conduct the survey with pre-screened opt-in panelists across Kansas. YouGov collected responses from 1,013 panelists in Kansas, then selected a sample of 800 that was considered representative of Kansas demographics as compared with the most recent data from the American Community Survey (i.e. census data). YouGov provided the data to CARE for analysis.

This report includes the results related to the three sections of the questionnaire (i.e. awareness, commitment, and social norms). In each section, the Kansas sample results were compared to a sample of 2,500 respondents gathered by the CDC from five funded states. In addition, Appendix A includes the actual questionnaire. Appendix B contains detailed results from the awareness section. Appendix C includes detailed demographic charts for Kansas respondents vs. Kansas census data. Lastly, Appendix D shows a comparison of demographic information between the Kansas sample and that from the five CDC-funded states.

Executive Summary

The following is a summary of the findings from the baseline Social Norms survey for Kansas. More detailed results for all questions are included starting on page 6.

Most Notable Findings:

- Both participants from Kansas and CDC-funded states tended to see parents as the most important factor in why children struggle.
- Kansas participants are more likely to have taken or be willing to take action to help children succeed than participants from CDC-funded states; however, 51% said they had done nothing to increase opportunities for children to succeed.
- Although there were some demographic differences in how groups responded, the only statistically meaningful findings were that those who identified themselves as female and those who identified themselves as liberal were more likely to support positive business policies and those that identified themselves as liberal were more likely to view society as the most important factor as to why children struggle.

Participant Demographics

- Kansas survey participants' demographic information was congruent with the Kansas census data in terms of gender, age composition, final education, and family income. The only exceptions were slight differences in both the percentage of married persons and those participating in the workforce. Political affiliation and race/ethnicity could not be compared since the response categories were different in the Social Norms survey versus Census. In addition, all but four survey participants indicated their primary language was English (See Appendix C).

Awareness: Explanation of Why Children Struggle

- The awareness questions were designed to identify participants' perceptions regarding how important factors related to the child, parent, and/or society are in explaining why some children struggle. Overall, participants were most likely to perceive factors related to parents as most important. This is comparable to data from the five CDC-funded states. The specifics are:
 - 87% of Kansas respondents rated factors related to the parent(s) as important (as compared to 82% of respondents across the five CDC-funded states)
 - 75% rated societal factors as important (74% for CDC states)

- 72% rated child factors as important (74% for CDC states)
- Factors related to parents were perceived to be most important regardless of gender, age, race/ethnicity, education, or household income.
 - African American/Black participants were the only group to rate factors related to society as more important than those related to parents; this is consistent with results from CDC-funded states.
 - Those who considered themselves to be conservative most often viewed parents as the reason children struggle. Those who considered themselves to be liberal were most likely to view society as the main reason.

Commitment: Increasing the Opportunities for All Children to Succeed

Overall, more Kansas participants reported that they supported the policies and practices that help all children to succeed as compared to the CDC-funded states' participants.

- Kansas participants that were most supportive of positive business policies (e.g. paid parental leave, a job that is “family-friendly,” etc.) were female and identified as liberal.
- More Kansans responded that they did and/or were willing to do several actions (i.e. share information, donate money, ask friends to sign a petition, attend a meeting, meet an elected official, and make phone calls) than in the CDC-funded states. Even so, more than half of Kansas respondents indicated that they did not do any of the supportive behaviors. Among Kansas respondents that have done or would to do supportive behaviors, the largest percentage indicated they would share information (54%).
- The largest percentage of Kansas respondents who indicated that they did and/or would do the most active behaviors (i.e. donate money, make phone calls or go door-to-door, attend community meetings, or meet with an elected official) to help children succeed are listed below. **However, it should be noted that the differences between these and other groups/individuals, although statistically significant, were small enough as to not provide meaningful information on which to base action.**
 - Female
 - Younger Generations (Millennial or Generation X)
 - Racial/ethnic minority groups
 - Medium household income groups (\$20,000-\$39,999 or \$40,000-\$59,999)
 - Highest education group (Postgraduate degree)
 - Identified as liberal or moderate

Social Norms: What People Believe to be Typical/Appropriate Behavior

Social norms were measured in three ways:

1. what participants with children under the age of 5 actually do,
 2. what participants think most people in the state do, and
 3. whether participants think people whose opinions they trust would agree or disagree with the behavior.
- Kansas survey participants with children under the age of 5 responded that they most often did the following behaviors in the past year:
 - Responded to their crying infant by trying to comfort them (95%, compared with 85% for CDC-funded states)¹
 - Let their child (or the child they cared for) know when they liked what s/he was doing (94%, compared with 90% for CDC-funded states)
 - Played with or read a story to their child (or the child they cared for) under the age of five (86%, compared to 80% for CDC-funded states)
 - Participants in Kansas and in CDC-funded states had similar perceptions related to what the majority of parents in the state do.
 - The top three behaviors that Kansas participants thought most other parents in the state do were:
 - Respond to their crying infant by trying to comfort them (77%, compared to 69% for CDC-funded states)
 - Play with or read a story to their child under the age of five (43%, compared with 36% for CDC-funded states)
 - Let their children know when they liked what they are doing (40%, compared with 37% for CDC-funded states)
 - The top 3 statements that Kansans thought people whose opinions are important to them would agree with were as follows:
 - Playing with or reading a story to young children every day will help the child's brain develop (97%, compared with 90% for CDC-funded states)
 - Letting children know when you like what they are doing is a good way to teach a child how to behave (96%, compared with 91% for CDC-funded states)
 - Helping children express themselves with words when they are angry or frustrated is better than getting mad at them (87%, compared with 83% for CDC-funded states)

¹n = 182, calculated based on those that indicated that they had cared for an infant during the past year

Community Awareness, Commitment, and Social Norms Survey Results

I. Awareness Section: Explanation of Why Children Struggle

Twenty-five questions were included in the Awareness section of the survey. Questions were designed to assess the perceived importance of reasons people might give to explain why some children struggle (e.g. do poorly in school, do not graduate from high school, become teen parents, get involved in substance abuse and/or crime, etc.). The reasons were organized into three categories, or factors: (1) Child Factors (reasons related to the child), (2) Parent Factors (reasons related to the parent/s), and (3) Society Factors (reasons related to society). Each question was measured using a 5-point scale (1=extremely important, 2=somewhat important, 3=neither important or unimportant, 4=somewhat unimportant, 5=not at all important). For analysis, responses for each question were recoded as either *important* (i.e. combining “extremely important” and “somewhat important”) or *other* (i.e. combining “neither important or unimportant”, “somewhat unimportant”, and “not at all important”). Tables 1-3 depict the percentage of participants that indicated that they perceived each reason as being an important reason for why some children struggle. It is notable that few items were deemed “important” by less than 70% of respondents except related to social factors (Table 3). Each table below shows a direct comparison between Kansas participants’ responses and those from CDC-funded states.

Table 1

Reasons Children Struggle: Child Factors

	<u>KS</u>	<u>CDC</u>
Children not working hard enough in school	77.9%	78.7%
Children not thinking things through carefully enough and ending up making poor choices	77.9%	80.3%
Children born with bad personality traits that are passed from one generation to the next	60.6%	62.8%

Table 2

Reasons Children Struggle: Parent Factors

	<u>KS</u>	<u>CDC</u>
Children living in families with challenges like substance abuse, violence, and mental health problems	95.5%	92.4%
Parents not supporting their children's learning through educational activities like reading to them or playing with them	92.9%	89.5%
Parents not knowing how to parent correctly	88.5%	90.1%
Parents not thinking about the future of their children	83.4%	83.5%
Parents not thinking things through carefully enough and end up making poor choices	82.0%	82.7%

Parents using harsh or aggressive discipline	66.4%	71.2%
Parents not working hard enough	59.5%	62.9%

Table 3
Reasons Children Struggle: Society Factors

	<u>KS</u>	<u>CDC</u>
Parents not having enough time for their children	90.9%	89.3%
Children with learning challenges not getting the support they need	89.4%	89.3%
Children not having high quality early child care	89.0%	84.9%
Children growing up living in poverty	87.0%	86.2%
Families living in unsafe neighborhoods	85.1%	74.4%
Families living in neighborhoods with few resources or public services like community centers, libraries, or transportation	73.1%	71.0%
Lack of public investment in low income neighborhoods and communities of color	71.9%	66.4%
People not willing to support solutions that benefit all children, not just their own	71.5%	71.1%
Employers not adopting family-friendly practices	69.9%	60.5%
Employers not paying parents enough to support a family	67.8%	68.7%
Children treated unfairly because of their color	67.5%	69.2%
Limited political support for helping poor families get out of poverty	61.0%	64.0%
Children not going to high quality schools	59.8%	63.5%
Parents being stressed about money	59.4%	66.2%
Families living in neighborhoods with a lot of other families that can't make ends meet	56.5%	85.3%

Data related to each factor (i.e. child, parent, and society) were combined and averaged. Table 4 represents the percentages of respondents from Kansas and the CDC-funded states that indicated that those respective factors play an important (i.e. extremely important or somewhat important) role in why children struggle. Overall, Kansas results were congruent with the CDC data. More Kansas and CDC-funded state respondents viewed parent factors as being important compared to child and society factors. In fact, respondents indicated that child factors played the least important role in why children struggle.

Table 4
Reasons Children Struggle: Overall Comparison

	<u>KS</u>	<u>CDC</u>
Parent Factors	86.6%	81.8%
Society Factors	75.4%	74.0%
Child Factors	72.3%	73.9%

Awareness Status by Demographics

K-POP members requested that CARE provide an analysis of awareness responses by demographic to help target efforts to increase knowledge of issues with which children/families struggle and to change attitudes to be more supportive of effective solutions. The following table ranks the percentages of respondents from Kansas and the CDC-funded states that indicated that the specific factors play an important role in why children struggle. More detailed analyses are located in Appendix B.

Table 5
Overall Awareness (Importance) Rankings by Demographic

Demographic		Child		Parent		Society	
		KS	CDC	KS	CDC	KS	CDC
Gender[¶]	Male	2	2	1	1	3	3
	Female	3	2	1	1	2	3
Generation[†]	Great Generation	2	2	1	1	3	3
	Baby Boomers	3	2	1	1	2	3
	Gen X	3	2*	1	1	2	2*
	Millennials	3	3	1	1	2	2
Race/Ethnicity[¶]	African American/Black	3	3	2	2	1	1
	Hispanic	3	3	1	1	2	2
	Other	2	3	1	1	3	2
	White	3	2	1	1	2	3
Education^{†¶}	<HS or HS Grad	2	2	1	1	3	3
	Some College	2*	2	1	1	2*	3
	2- or 4-Year Degree	3	3	1	1	2	2
	Postgraduate Degree	3	3	1	1	2	2
Income[¶]	<\$20,000	3	3	1	1	2	2
	\$20,000-\$39,999	3	3	1	1	2	2
	\$40,000-\$59,999	2	2*	1	1	3	2*
	\$60,000-\$79,999	3	2	1	1	2	3

	\$80,000+	3	3	1	1	2	2
Political Ideology^{†‡}	Conservative	2	2	1	1	3	3
	Liberal	3	3	2	2	1	1
	Moderate	3	3	1	1	2	2

*Tied ranking

[†]Statistically significant differences between KS groups on Child Factors ($p < .05$)

[‡]Statistically significant differences between KS groups on Parent Factors ($p < .05$)

[§]Statistically significant differences between KS groups on Society Factors ($p < .05$)

[©]Meaningful effect size (eta-squared $> .06$)

II. Commitment Section: Increasing the Opportunity for All Children to Succeed

Questions in this section were designed to gather information on participants' commitment to increasing opportunities for all children to succeed. The survey asked how strongly participants supported or opposes the ideas using a 5-point scale (1=strongly support, 2=support, 3=neither support or oppose, 4=oppose, 5=strongly oppose). In general, the responses regarding what might help children tended to skew toward individual changes rather than community or systemic changes (e.g. having easy access to after-school and summer care that provide meaningful opportunities for children, having easy access to affordable parenting classes, etc.). CARE recoded all responses as either *support* (i.e. combining "strongly support" and "support" responses) or *other* (i.e. combining "neither support or oppose", "oppose", and "strongly oppose" responses). The percentages of respondents that support the ideas are presented in Table 7 along with the percentages from the CDC-funded states' results.

In general, the top responses regarding what Kansans and participants in the CDC-funded states supported were very similar. Table 6 presents the top five responses, along with their ranking for Kansas and CDC-funded states.

Table 6
Comparison of the Top 5 Responses

Question/Item	Ranking	
	KS	CDC
Get support to address special learning challenges	1	1
Buy enough nutritious food	2	4
Access to mental health care or substance abuse treatment	3	2
Live in safe and stable housing	4	5
Child care that is good for child's development	5	3

Table 7***Percentage of Participants that Support the Belief that all Families Should:***

	KS	CDC
Be able to get support to address their child's special learning challenges	86.6%	84.0%
Be able to buy enough nutritious food	83.9%	80.8%
Have access to mental health care or substance abuse treatment, if needed	83.6%	83.0%
Be able to live in safe and stable housing	83.4%	80.1%
Have access to health care	83.0%	82.3%
Be able to leave their children in child care that is good for the child's development	82.0%	78.2%
Be able to live in a safe neighborhood where children aren't exposed to violence or illegal drugs	80.0%	78.9%
Have a full-time job that provides sufficient income to cover basic needs for the employee and his/her child	78.3%	77.1%
Be able to live in a city or county where their children are treated fairly in school, by police, or the justice system regardless of the color of their skin	77.5%	75.5%
Have paid parental leave to care for a new child	76.0%	72.3%
Have easy access to after-school and summer care that provide meaningful opportunities for children	75.0%	68.4%
Have at least one adult (other than a parent or caregiver) who would provide a safe, stable, nurturing relationship for their children	75.0%	68.4%
Have easy access to affordable parenting classes	70.0%	70.8%
Be able to send their children to high quality schools in their neighborhood	69.6%	73.1%
Receive income support to cover basic needs if a bread winner loses his/her job or household income is below the income needed to cover basic needs	67.1%	69.4%
Have a job that is 'family-friendly' (e.g. paid leave, flex time)	66.9%	65.4%
Be able to send their children to high quality preschool	54.3%	58.2%
Be able to live in a neighborhood where few or no families have a hard time making ends meet	50.6%	55.1%
Be able to send their children to schools that don't punish children by suspending or expelling them	35.0%	38.3%

Support for Positive Business Policies by Demographics

CARE was asked to provide specific analyses regarding the demographics of those who support business policies that could help address issues that contribute to children and families

struggling. Of the above 19 questions, five of them related to participants' commitment to supporting positive business policies. Those specific questions included whether families should:

- Be able to leave their children in child care that is good for the child's development
- Have access to health care
- Have a full-time job that provides sufficient income to cover basic needs for the employee and his/her child
- Have paid parental leave to care for a new child
- Have a job that is 'family-friendly'

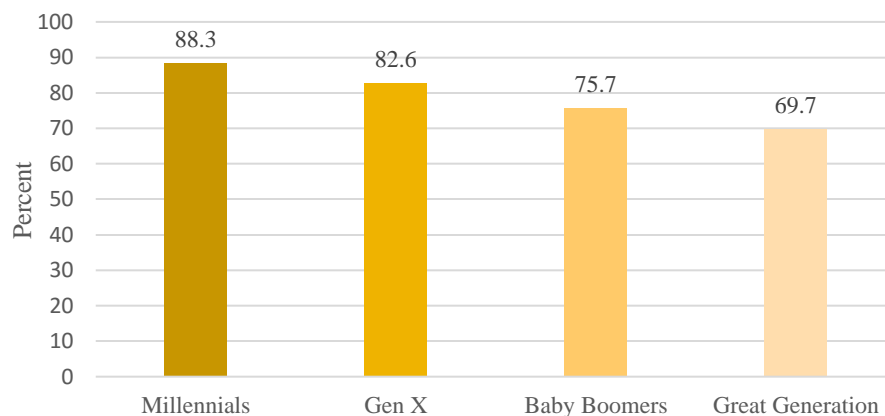
Gender

More women responded that they supported positive business policies compared to men (53% vs. 47%). An independent samples t-test was conducted to compare the mean scores of support for positive business policies between men and women. There was a statistically significant and meaningful difference^{2, 3}. This result indicates that women were more likely to support positive business policies than men and that the difference is large enough to be meaningful.

Generation

Younger generations indicated more support for positive business policies compared to older generations. A one-way ANOVA test revealed that there was a statistically significant mean difference⁴ in scores of supporting positive business policies among the four generation categories. However, the differences are not considered to be meaningful enough on which to base action.⁵

Figure 5. Support for Positive Business Policies by Generation



² $t(626) = 5.98, p < .001$

³ Cohen's $d = .44$ (medium effect size)

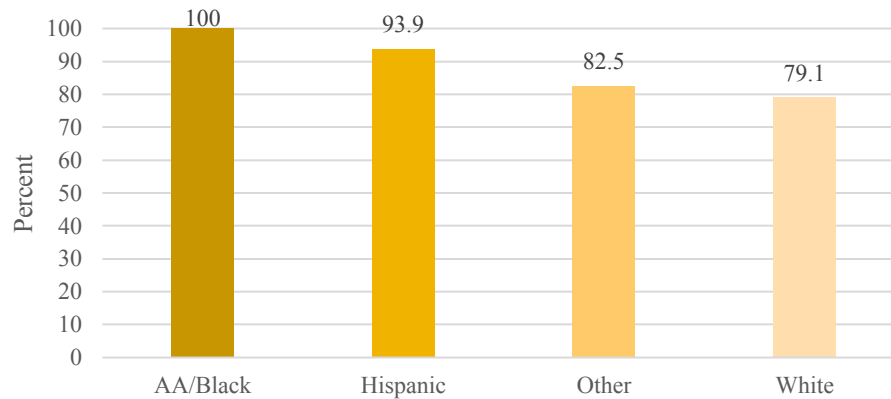
⁴ $F(3, 793) = 11.95, p < .001$

⁵ eta squared = .04

Race/Ethnicity

Individuals who identified themselves as a racial/ethnic minority were more likely to report being supportive of positive business policies as compared to those that identified themselves as White. A one-way ANOVA test revealed that there was a statistically significant difference among the four categories of race⁶; however, the difference is not considered meaningful.⁷

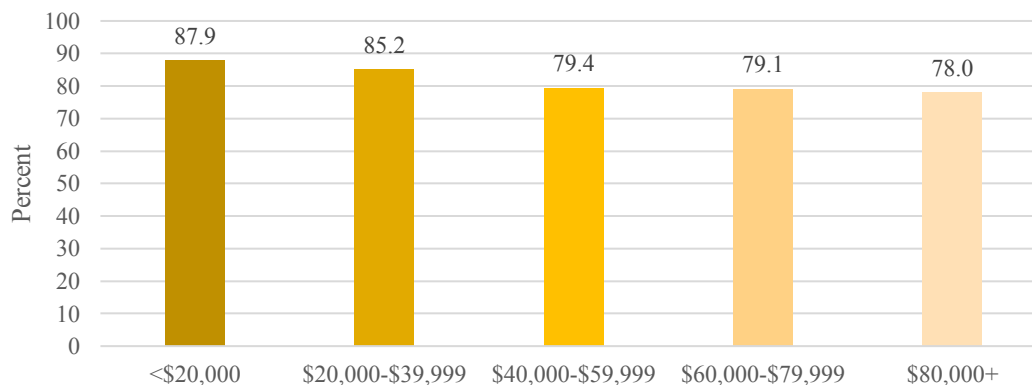
Figure 6. Support for Positive Business Policies by Race/Ethnicity



Household Income Level

Participants in lower income groups showed a higher percentage of support for positive business policies than those in higher income groups. A one-way ANOVA indicated a significant difference among the five income categories⁸; however, the actual differences were too small⁹ to provide a meaningful basis for action.

Figure 7. Support for Positive Business Policies by Income



⁶ $F(3, 793) = 5.59, p = .001$

⁷ eta squared = .02

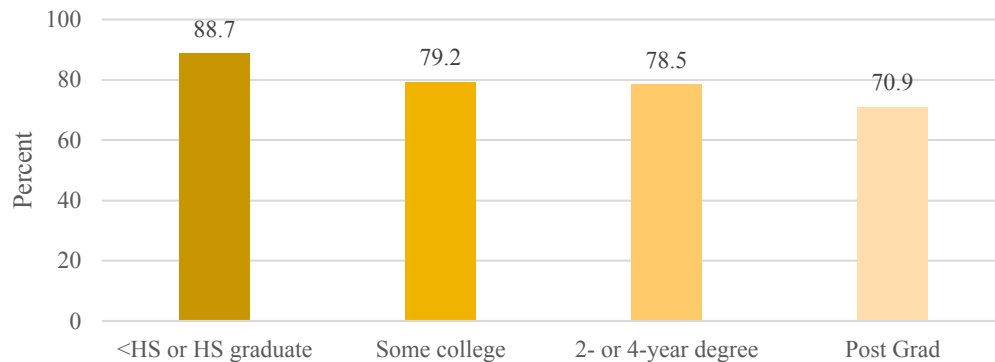
⁸ $F(4, 717) = 6.26, p < .001$

⁹ eta squared = .03

Education Level

Individuals with less education were more supportive of positive business policies as compared to those with more education. A one-way ANOVA indicated that there was a statistically significant difference among the four education categories.¹⁰ Again, the difference in the means was too small¹¹ to provide a meaningful foundation for action.

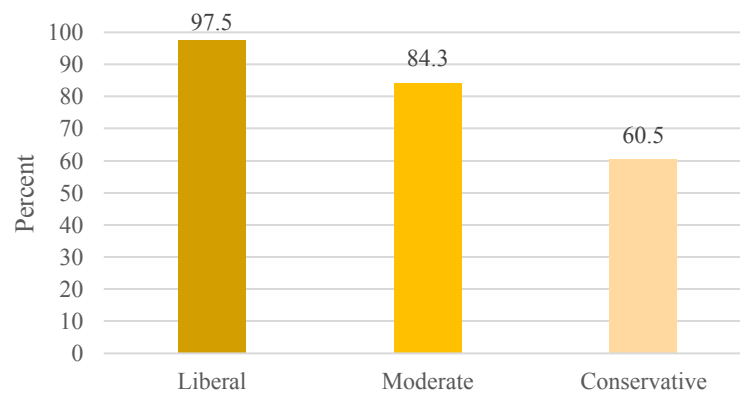
Figure 8. Support for Positive Business Policies by Education



Political Ideology

Those who identified as liberal indicated support for positive business policies than those who identified as moderate or conservative. A one-way ANOVA revealed a statistically significant difference among the three political ideology categories,¹² and the difference between the groups was large and meaningful.¹³

Figure 9. Support for Positive Business Policies by Political Ideology



¹⁰ $F(3, 793) = 2.81, p = .039$

¹¹ eta squared = .01

¹² $F(2, 703) = 92.76, p = .000$

¹³ eta squared = .21

Personal Commitment Questions

Participants were also asked what they actually did and would be willing to do regarding several actions to increase opportunities for children to succeed. The percentages from Kansas respondents were compared to the percentages from respondents in CDC-funded states. When asked what the participants did, the most common response was “Nothing - I did none of the above” (51%). Nevertheless, over the half of respondents said that they would be willing to share information about opportunities for children to succeed (54%). Overall, Kansas results showed similarities to the CDC data, but a higher percentage of Kansas participants reported that they did and were willing to take action compared to respondents from CDC-funded states (Table 8).

Table 8
Personal Commitment Comparison

What Participants Did or Are Willing to Do	KS – Did	CDC – Did	KS - Would	CDC - Would
Share information about their importance with others	35%	26%	54%	43%
Donate money to an organization supporting these ideas	23%	15%	29%	23%
Sign a petition or e-mail a prewritten letter to decision-makers	15%	13%	38%	32%
Ask friends of family to sign a petition or write to decision-makers	9%	6%	27%	24%
Pay more taxes or higher prices at the register to support them	--	--	25%	17%
Attend a meeting with business or community groups to urge they support them	8%	6%	19%	13%
Attend a town hall meeting or public rally to support them	6%	4%	21%	14%
Meet with an elected official or his/her staff to talk about them	5%	3%	14%	10%
Make phone calls or go door to door to gather support for them	2%	1%	7%	5%
Nothing	51%	42%	25%	33%

Active Personal Commitment by Demographics

Among the above personal commitment questions, there were four questions that assessed participants’ commitment to do more active behaviors to help children to succeed, including: (1) donate money to an organization that supports these ideas, (2) make phone calls or go door-to-door to gather support for these ideas, (3) attend a meeting with business or community groups to urge them to support these ideas, and (4) meet with an elected official or his/her staff to talk about these ideas. Again, these items were analyzed by demographics to provide K-POP with further information regarding where/to whom to target efforts and to gain support.

(1) Donate Money

Table 9 depicts the percentage of individuals by demographic who indicated that they had previously donated money to an organization that supports increasing successful opportunities for children. Additionally, it shows the percentage of individuals who indicated that they would donate money.

Table 9
Donating Money by Demographics

Donate money to an organization supporting these ideas					
Gender	Men	Women	All		
Did	20.9%	24.1%	22.8%		
Would	26.8%	30.8%	29.1%		
Race	White	Black	Hispanic	Other	
Did	22.1%	13.3%	36.4%	30%	
Would	28%	36.7%	36.4%	37.5%	
Political Ideology	Liberal	Moderate	Conservative		
Did	26.1%	25.7%	20.2%		
Would*	33.2%	33.3%	21.8%		
Generation	Great Generation	Baby Boomers	Gen X	Millennials	
Did	23.2%	23%	26.9%	18.4%	
Would	28.3%	26.3%	34.2%	27.6%	
Income	<\$20,000	\$20,000-\$39,999	\$40,000-\$59,999	\$60,000-\$79,999	\$80,000+
Did	25.8%	19.3%	26.5%	25.9%	24.4%
Would	27.3%	25%	26.5%	30.9%	36.4%
Education	< or =HS	Some College	2-4 Year Degree	Post Grad	
Did	20.7%	19.5%	21.8%	39.5%	
Would	28.6%	24.8%	28%	45.3%	

*Significant mean difference ($p < .01$)¹⁴

¹⁴ Although, there was a statistically significant difference in the mean scores of donating money among the political ideology groups, the actual difference was very small (eta squared = .02).

(2) Make Phone Calls or Go Door-to-Door

Table 10 presents the percentage of participants based on demographics who indicated that they had previously made phone calls or gone door-to-door to gather support, as well as the percentage of participants who reported that they would do so.

Table 10
Make Phone Calls by Demographics

Make phone calls or go door-to-door to gather support					
Gender	Men	Women	All		
Did	1.8%	2.6%	2.3%		
Would	4.7%	8.0%	6.6%		
Race	White	Black	Hispanic	Other	
Did	22.1%	13.3%	36.4%	30%	
Would	28.0%	36.7%	36.4%	38%	
Political Ideology	Liberal	Moderate	Conservative		
Did	3%	2.7%	1.6%		
Would	11%	6.9%	2.8%		
Generation	Great Generation	Baby Boomers	Gen X	Millennials	
Did	2.0%	2%	1.8%	3.3%	
Would	0%	1.5%	2.0%	3.1%	
Income	<\$20,000	\$20,000-\$39,999	\$40,000-\$59,999	\$60,000-\$79,999	\$80,000+
Did	3%	2.8%	1.5%	2.9%	1%
Would	7.6%	10.8%	8.8%	5%	3.8%
Education	< or =HS	Some College	2-4 Year Degree	Post Grad	
Did	1.4%	1.3%	2.9%	4.7%	
Would	5.6%	8.8%	4%	11.6%	

(3) Attend a Meeting with Business/Community Groups

Table 11 depicts the percentage of individuals based on demographics who indicated that they had previously attended a meeting with business or community groups to urge support, as well as the percentage of individuals who reported that they would do so.

Table 11***Attend a Meeting with Business or Community Groups by Demographics***

Attend a meeting with business or community groups to urge they support them					
Gender	Men	Women	All		
Did	5.9%	8.7%	7.5%		
Would	16.2%	20.2%	18.5%		
Race	White	Black	Hispanic	Other	
Did	7.3%	13.3%	9.1%	5%	
Would	17.4%	33.3%	24.2%	22.5%	
Political Ideology	Liberal	Moderate	Conservative		
Did	3%	2.7%	1.6%		
Would*	17.4%	33.3%	2.8%		
Generations	Great Generation	Baby Boomers	Gen X	Millennials	
Did	2.0%	2%	1.8%	3.3%	
Would	13.1%	16.5%	20.5%	20.9%	
Income	<\$20,000	\$20,000-\$39,999	\$40,000-\$59,999	\$60,000-\$79,999	\$80,000+
Did	6.8%	6.3%	11.8%	9.4%	6.7%
Would	21.2%	24.4%	14.7%	12.2%	18.2%
Education	< or =HS	Some College	2-4 Year Degree	Post Grad	
Did*	3.3%	5.8%	9.1%	17.4%	
Would	16%	15.9%	18.9%	30.2%	

*Significant mean difference ($p < .001$)¹⁵ & ¹⁶

¹⁵ Although, there was a statistically significant difference in the mean scores of attending a meeting among the political ideology groups, the actual difference was very small (eta squared = .025).

¹⁶ There was a statistically significant difference in the mean scores of attending a meeting among education groups; however, the actual difference was very small (eta squared = .024).

(4) Meet with an Elected Official

Table 12 depicts the percentage of survey participants based on demographics that indicated that they had previously met with an elected official or his/her staff to talk about increasing support for children, as well as the percentage of participants who responded that they would do so.

Table 12
Meeting with an Elected Official by Demographics

Meet with an elected official or his/her staff to talk about them					
Gender	Men	Women	All		
Did	6.5%	3.5%	4.8%		
Would	15.9%	11.9%	13.6%		
Race	White	Black	Hispanic	Other	
Did	4.9%	6.7%	3%	2.5%	
Would	13.1%	16.7%	18.2%	17.5%	
Political Ideology	Liberal	Moderate	Conservative		
Did	8.5%	3.8%	4%		
Would	16.6%	14.6%	10.5%		
Generations	Great Generation	Baby Boomers	Gen X	Millennials	
Did	8.1%	5.8%	4.1%	2.9%	
Would	15.2%	12.8%	12.8%	14.6%	
Income	<\$20,000	\$20,000-\$39,999	\$40,000-\$59,999	\$60,000-\$79,999	\$80,000+
Did	3.8%	4.5%	7.4%	2.9%	6.2%
Would	16.7%	14.8%	17.6%	10.1%	12%
Education	< or =HS	Some College	2-4 Year Degree	Post Grad	
Did*	2.3%	3.1%	4.7%	15.1%	
Would	10.8%	13.7%	10.9%	29.1%	

*Significant mean difference ($p < .001$)¹⁷

¹⁷ There was a statistically significant difference in the mean scores of meeting with an elected official among the education groups; however, the actual difference was small (eta squared = .03).

III. Social Norms Section: What People Believe to be Typical Behavior

Social norms refer to what people believe to be typical and/or appropriate behavior. Accordingly, this survey assessed social norms related to several parenting behaviors. The eight parenting behaviors were measured in three ways:

- 1) What people with children under the age of 5 actually do
- 2) What participants think most people in the state do
- 3) Whether participants think people whose opinions they trust would agree/disagree

The original 5-point scale response was dichotomized as *frequently* (i.e. “do it every day” or “do it almost every day”) and *other* (i.e. “do it sometimes”, “seldom”, “never”, or “not asked”) for the first and second measures. For the third measure regarding whether participants think people whose opinions they trust would agree/disagree, the original 5-point response was recoded as *agree* (i.e. “strongly agree” or “agree”) and *other* (i.e. “neither agree or disagree”, “disagree”, or “strongly disagree”). Results are depicted in Table 13 below.

Table 13
Social Norms Assessment Comparison

Social Norms Assessed	1) Do it every day or almost every day*		2) Think majority does it every day or almost every day		3) People whose opinion they value would agree	
	KS	CDC	KS	CDC	KS	CDC
Respond to crying infant by trying to comfort them	95%**	85%	77%	69%	25%	45%
Let your child know when you liked what s/he was doing (praising)	94%	90%	40%	37%	96%	91%
Play with or read a story to your child	86%	80%	43%	36%	97%	90%
Help your child express themselves with words when they were angry or frustrated	37%	31%	22%	23%	87%	83%
Ask or search for help with parenting or caring for children when needed	4%	9%	10%	12%	15%	60%
Be a mentor to an unrelated child	8%	10%	17%	16%	79%	72%
Spank your child	3%	15%	9%	12%	48%	20%
Yell or fight with another adult in front of your child	3%	8%	21%	25%	20%	8%

*Question asked only of those who cared for infant (n=182)

**Question asked only of those who cared for child (age< 5): KS (n=234), CDC (n=536)

Appendix A: Survey Questionnaire

Here are some reasons people give to explain why some children struggle (i.e. do poorly in school, don't graduate from high school, become teen parents, get into drugs or involved in crime). For each one, please indicate if you think this reason is extremely important, somewhat important, neither important or unimportant, somewhat unimportant, or not at all important reason for why some children struggle in America.

1. Children growing up living in poverty
2. Children born with bad personality traits that are passed from one generation to the next
3. Children living in families with challenges like substance abuse, violence, mental health problems
4. Children not working hard enough in school
5. Children not having high quality (i.e. nurturing, stimulating, safe, and stable) early child care
6. Children treated unfairly because of their color (e.g. in schools, by police, or the justice system)
7. Children not thinking things carefully enough and end up making poor choices
8. Children not going to high quality schools
9. Parents being stressed about money
10. Parents not knowing how to parent correctly
11. Parents not having enough time for their children
12. Parents using harsh or aggressive discipline
13. Employers not paying parents enough to support a family
14. Parents not supporting their children's learning through educational activities like reading to them or playing with them
15. Parents not working hard enough.
16. Parents not thinking things carefully enough and end up making poor choices.
17. Parents not thinking about the future of their children
18. Families living in neighborhoods with a lot of other families that can't make ends meet
19. Families living in unsafe neighborhoods (i.e. with easy access to drugs, guns, or gangs)
20. Families living in neighborhoods with few resources or public services like community centers, libraries, or transportation
21. People not willing to support solutions that benefit all children, not just their own
22. Lack of public investment (e.g. in early care and education, schools, job opportunities) in low income neighborhoods and communities of color
23. Employers not adopting family-friendly practices (e.g. paying family and sick leave, flexible schedules to accommodate children's needs)

24. Limited political support for helping poor families get out of poverty

RESPONSE OPTIONS:

- Extremely important
- Somewhat important
- Neither important or unimportant
- Somewhat unimportant
- Not at all important

Here are some things people have suggested communities could do to increase the opportunity for all children to succeed. Please tell us if you strongly support, support, neither support or oppose, oppose, or strongly oppose these types of activities, funding, or legislation that would ensure that all families would:

- 25. Have easy access to an affordable parent training program
- 26. Have paid parental leave to care for a new child
- 27. Be able to buy enough nutritious food
- 28. Be able to live in safe and stable housing
- 29. Be able to leave their children in child care that is good for the child's development
- 30. Be able to send their children to high quality preschool
- 31. Be able to send their children to high quality schools in their neighborhood
- 32. Be able to send their children to schools that don't punish children by suspending or expelling them
- 33. Have easy access to after-school and summer care that provide meaningful opportunities for children
- 34. Have at least one adult (other than a parent or caregiver) who would provide a safe, stable, nurturing relationship for their children (e.g. a mentor, coach, or teacher)
- 35. Be able to live in a safe neighborhood where children aren't exposed to violence or illegal drugs
- 36. Be able to live in a neighborhood where few or no families have a hard time making ends meet
- 37. Be able to live in a city or county where their children are treated fairly in school, by police, or the justice system regardless of the color of their skin
- 38. Have a full-time job that provides sufficient income to cover basic needs for the employee and his/her child
- 39. Have a job that is "family-friendly" (e.g. provides flexible schedules, has on-site child care or provides subsidies for child care, provides paid days to care for sick family members, paid leave to attend school events)
- 40. Have access to health care

- 41. Have access to mental health care or substance abuse treatment, if needed
- 42. Receive income support (cash, vouchers, or tax refund) to cover basic needs (e.g. housing, food, child care) if a bread winner loses his/her job or household income is below the income needed to cover basic needs

RESPONSE OPTIONS

Strongly support
Support
Neither support or oppose
Oppose
Strongly oppose

- 43. Thinking about the ideas you strongly supported, what action(s) have you taken to show your support in the past 12 months. Please check as many actions as you have done to show your support.**

I shared information about their importance with others
I signed a petition or e-mailed a prewritten letter to decision-makers
I asked friends or family to sign a petition or write to decision-makers
I donated money to an organization supporting these ideas
I made phone calls or went door to door to gather support for them
I attended a town hall meeting or public rally to support them
I met with an elected official or his/her staff to talk about them
I did none of the above

- 44. Again, thinking about the ideas you strongly supported what would you be willing to do this coming year to make it/them happen? Please check as many actions as you think you'd be willing to do.**

I would share information about their importance with others
I would sign a petition or e-mail a prewritten letter to decision-makers
I would ask friends or family to sign a petition or write to decision-makers
I would donate money to an organization supporting these ideas
I would be willing to pay more taxes or higher prices at the register to support them
I would make phone calls or go door to door to gather support for them
I would attend a town hall meeting or public rally to support them
I would meet with an elected official or his/her staff to talk about them
I would do none of the above

In this next section, we would like to know about behaviors often used in caring for young children.

45. How many children live in your household? _____
46. This past year, was there a child under the age of 5 in your home or do you care for children under age 5 at least once a week?
- ☐ YES ☐ NO (If NO, skip to Q54)

In the past year, how often have you:

47. Let your child (or the child you cared for) know when you liked what he/she was doing?
48. Responded to your crying infant (or infant you cared for) by trying to comfort them?
49. Played with or read a story to your child (or child you cared for) under the age of five?
50. Spanked your child (or child you cared for) on the bottom?
51. Yelled at or fought with another adult in front of your child (or child you cared for) or where the child could hear
52. Asked or searched for help with parenting or caring for children when needed?
53. Helped your child (or child you cared for) express themselves with words when they were angry or frustrated?
54. Been a mentor (like a Big Brother or Big Sister) to an unrelated child?

RESPONSE OPTIONS:

Every day
Almost every day
Sometimes
Seldom
Never

II. In this next section, we would like your opinion on how often the majority of parents in your state do things. Even if you are not sure about how often the majority of parents in your state might do something, please give us your best guess.

The majority of parents in your state:

55. Let their children know when they liked what they are doing
56. Respond to their crying infant by trying to comfort them
57. Play with or read a story to their child under the age of five
58. Yell at or fight with another adult in front of their child or where their child could hear
59. Spank their child on the bottom with their hand
60. Help their child express themselves with words when they are angry or frustrated

61. Asked or searched for help with parenting when they needed it
62. How often do adults in your state mentor an unrelated child (like being a Big Brother or Big Sister)

RESPONSE OPTIONS:

Every day
Almost every day
Sometimes
Seldom
Never

III. In this next section, we would like to know what people whose opinions are important to you think. Even if you are not sure about their opinion, please give us your best guess.

Do you think people whose opinions are important to you would strongly agree, agree, neither agree or disagree, disagree or strongly disagree that:

63. Letting children know when you like what they are doing is a good way to teach a child how to behave
64. Always trying to comfort a crying infant will spoil the baby
65. Playing with or reading a story to young children every day will help the child's brain develop
66. Yelling at or fighting with another adult in front of your child or where the child could hear is bad for the child's health
67. Spanking your child on the bottom is a necessary part of parenting
68. Helping children express themselves with words when they are angry or frustrated is better than getting mad at them
69. Asking or searching for help with parenting means there's something wrong with you because you should know how to parent your child
70. Being a mentor (like a Big Brother or Big Sister) to an unrelated child is a good use of your time

RESPONSE OPTIONS:

Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

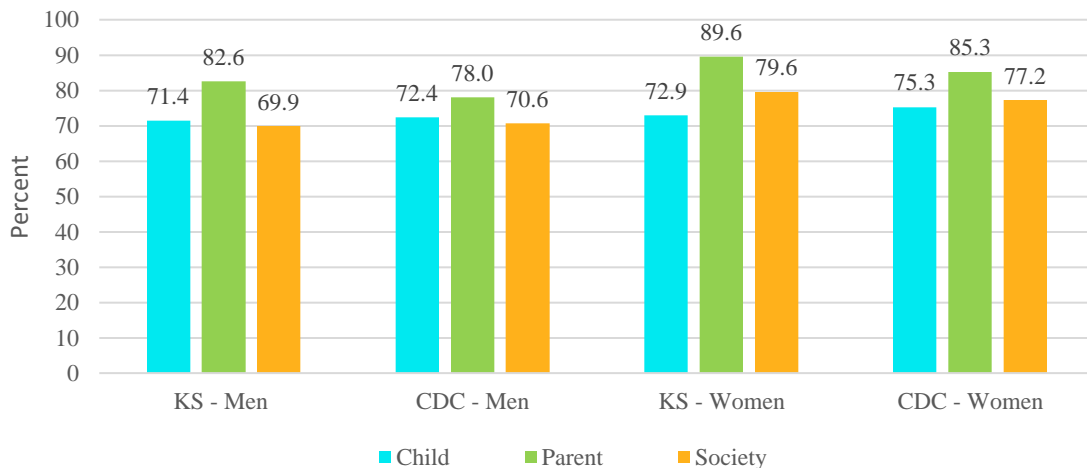
Appendix B: Detailed Analysis for the Awareness Section

Gender

Overall, in Kansas, a higher proportion of women compared to men indicated that each of the factors were important for explaining why children struggle. Both women and men indicated that parents were the most important factor in explaining why some children struggle. Furthermore, a higher percentage of women tend to view society as important while men view children as slightly more important than society. The only difference between Kansas and the CDC-funded states was that women in the CDC-funded states viewed the child as an important reason for why some children struggle more so than Kansas women.

CARE conducted a one-way analysis of variance (ANOVA) tests on the Kansas data to determine if there were significant differences in awareness scores between men and women. There was a statistically significant but not meaningful difference in mean awareness scores related to the parent¹⁸ and society¹⁹ factors between men and women. Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small and does not provide meaningful information for action.²⁰

Figure B.1 Awareness by Gender (Kansas vs. CDC-funded states)



Generations

Awareness scores for the four generations previously mentioned (recoded from birth year) are depicted below. Regardless of generation, the parent factors were most frequently chosen as

¹⁸ Parent Factors: $F(1, 685) = 6.81, p = .009$

¹⁹ Society Factors: $F(1, 651) = 21.38, p < .001$

²⁰ The effect size, calculated using eta squared, was .01.

important compared to the other factors. All generations except for the Great Generation more frequently consider societal factors as important compared to child factors. The results from the CDC-funded states indicated a similar pattern to Kansas participants (Table 5).

One-way ANOVA tests of Kansas results indicated that the only statistically significant difference in mean awareness scores between the four generation groups was related to the child factors.²¹ Further analyses demonstrated that the mean score for the Great Generation²² was significantly different from Millennials.²³ This means there is only a significant difference in how generational groups, specifically the Great Generation and Millennials, view the importance of the child on why some children struggle. Although there was a difference in mean scores between these groups, it was so small as to not provide meaningful information for action.²⁴

Table B.1
Awareness by Generations (Kansas vs. CDC-funded states)

	Child		Parent		Society	
	KS	CDC	KS	CDC	KS	CDC
Great Generation (<1946)	84.8%	79%	88.9%	86%	75.8%	73%
Baby Boomers (1946-64)	73.7%	77%	89.7%	85%	74.5%	75%
Gen X (1965-81)	72.1%	73%	81.3%	80%	74.9%	73%
Millennials (1982+)	65.7%	68%	87.4%	78%	76.6%	74%

Race/Ethnicity

Among all race/ethnicity groups, African American/Black individuals were the only group that viewed society factors as being important reasons for why some children struggle more frequently than parent factors.

One-way ANOVA tests demonstrated that there were statistically significant mean differences in Kansas participants' awareness scores for the society factors between racial/ethnicity groups.²⁵ More specifically, there was only a significant difference in awareness scores related to the child factors between White individuals²⁶ and African American/Black individuals.²⁷ Despite reaching statistical significance, the difference was too small to provide any practical information for action.²⁸

²¹ Child Factors: $F(3, 796) = 4.124, p = .006$

²² ($M = 1.91, SD = .66$)

²³ ($M = 2.20, SD = .78$)

²⁴ This effect size, calculated using eta squared, was .02.

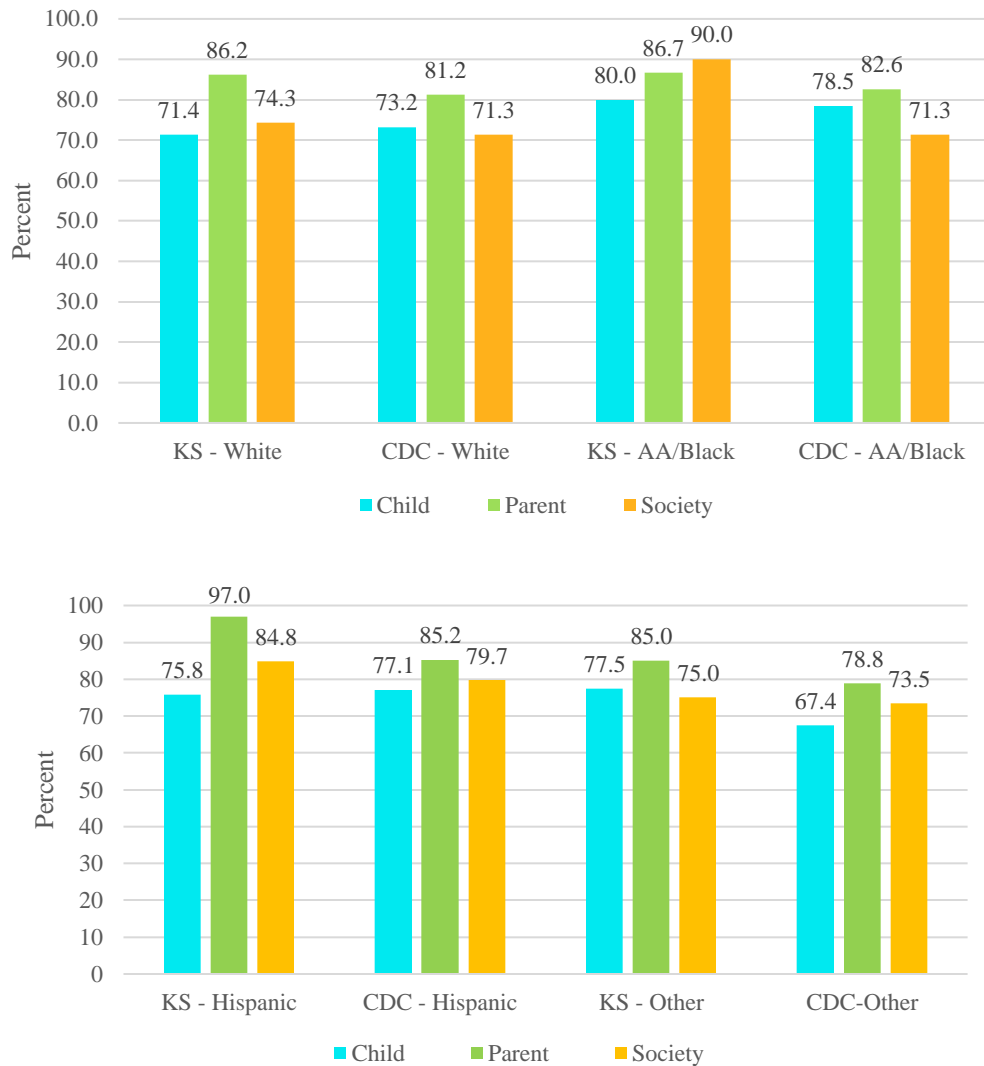
²⁵ Society Factors: $F(6, 797) = 2.84, p = .01$

²⁶ ($M = 1.97, SD = .67$)

²⁷ ($M = 1.57, SD = .50$)

²⁸ The effect size, calculated using eta squared, was .02.

Figure B.2 Awareness by Race/Ethnicity (Kansas vs. CDC-funded states)

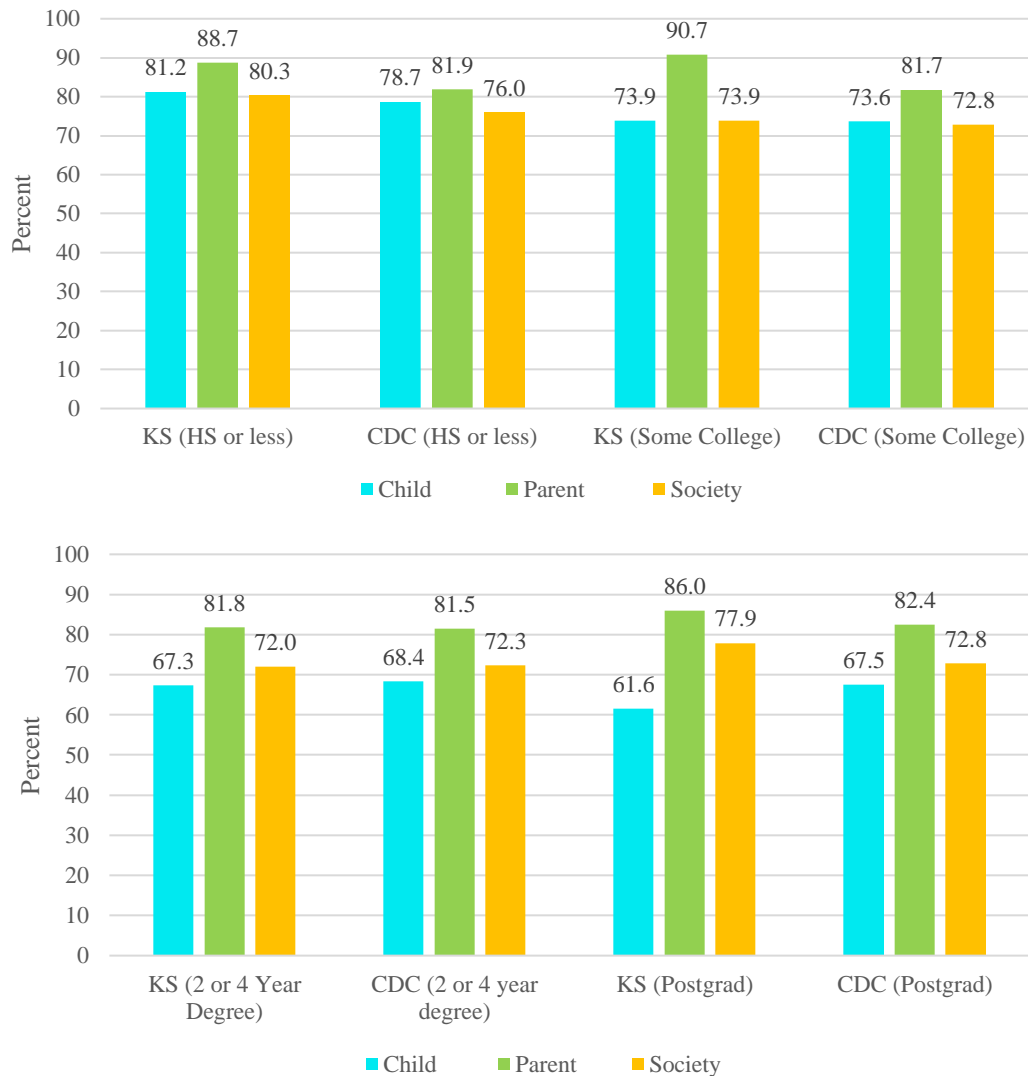


Education

The analysis of awareness scores among the four education categories revealed that respondents in Kansas and CDC-funded states consistently viewed reasons related to the parents as more important explanations for why children struggle compared to the other two factors (i.e. child and society). Further, the less education a person has, the more they rate reasons related to the child as important (Figure 3).

One-way ANOVA tests demonstrated that there were significant differences in mean awareness scores between Kansas participants based on level of education.^{29,30, & 31} Nevertheless, these differences in mean awareness scores were so small that they do not provide meaningful information for action.³²

Figure B.3 Awareness by Education (Kansas vs. CDC-funded states)



²⁹ Child Factors: $F(3, 796) = 11.35, p < .01$

³⁰ Parent Factors: $F(3, 795) = 6.95, p < .01$

³¹ Society Factors: $F(3, 797) = 3.19, p = .02$

³² All effect sizes were calculated using eta squared. The child factors effect size was .04; the parent factors effect size was .03; and the society factors' effect size was .01.

Household Income

Regardless of household income categories, respondents in Kansas most frequently indicated that parents are an important factor as to why children struggle (Table 6). For CDC-funded states, the only difference was that the group with the lowest income viewed parents as important least frequently.

ANOVA tests were conducted to determine if there were significant differences in awareness scores between individuals based on household income levels. The result indicated that the only significant difference was in how often people from the five income categories viewed society as an important reason for why children struggle. However, the differences in mean scores between the groups were small and do provide meaningful information for action.³³

Table B.2

Awareness by Household Income (Kansas vs. CDC-funded states)

	Child		Parent		Society	
	KS	CDC	KS	CDC	KS	CDC
Less than \$20,000	73.5%	72.8%	86.4%	78.2%	84.8%	74.7%
\$20,000-\$39,999	74.4%	77.6%	85.8%	83.5%	77.8%	78.9%
\$40,000-\$59,000	73.5%	73.9%	88.2%	81.4%	72.1%	73.5%
\$60,000-\$79,999	69.1%	77.6%	84.9%	85.2%	71.2%	73.3%
\$80,000 and over	69.4%	68.1%	86.1%	81.3%	70.3%	69.9%

Political Ideology

The results regarding which factors were most frequently seen as important varied between participants from Kansas and the CDC-funded states based on political ideology. Those who identified themselves as conservative or moderate most often viewed the parent as important while those who identified as liberal most frequently saw society as important (Figure 4).

One-way ANOVA tests were used to analyze the Kansas data to determine if there were significant differences in awareness scores between individuals based on political ideology. There was a statistically significant but not meaningful difference in awareness scores related to the child³⁴ and society³⁵ factors. Despite reaching statistical significance, the actual differences in mean awareness scores related to child factors between political groups was quite small.³⁶

³³ The effect size, calculated using eta squared, was .04.

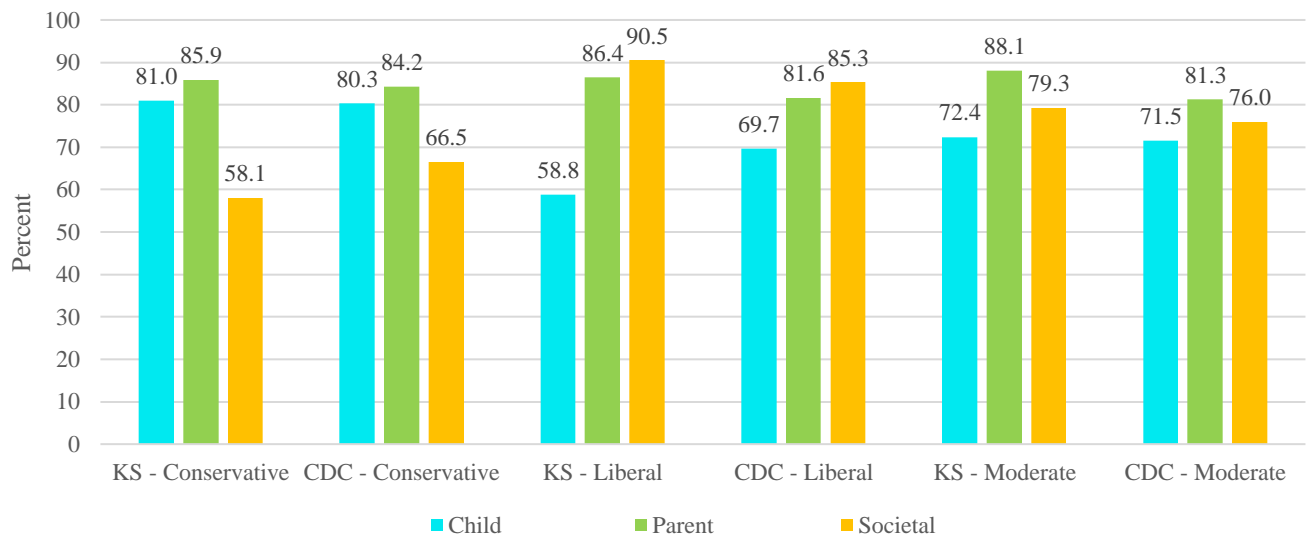
³⁴ Child Factors: $F(2, 436) = 13.97, p < .001$

³⁵ Society Factors: $F(2, 464) = 48.6, p < .001$

³⁶ The effect size, calculated using eta squared, for the child factors was .04.

However, the difference between awareness scores related to society factors is larger and therefore provides a more meaningful justification for action.³⁷

Figure B.4 Awareness by Political Ideology (Kansas vs. CDC-funded states)



³⁷ The effect size for the society factors was .12.

Appendix C: Kansas Participants' Demographic Data vs. Kansas Census

The Kansas survey respondents' demographic information is compared with Census demographic estimates for the State.

- **Gender** – Of the individuals that were surveyed, 58% were female and 42% were male. The current Kansas population is 51% female and 49% male.
- **Age** - In a comparison of Kansas Census data with the survey participants, it was found to be a similar composition of age group categories.

Table C.1
Age Comparison

Age	KS Survey Respondents	Kansas ¹
18 to 34	30%	30%
35 to 54	34%	36%
55 to 74	29%	25%
75 and over	7%	9%
65 and over	19%	17%

- **Race/Ethnicity** - Given that YouGov (the polling organization that conducted the survey) characterized “Hispanic” as a race rather than ethnicity (which is the practice of the U.S. Census), the data for these two sources differs. However, the respondents to the survey are largely representative of the Kansas population in terms of race/ethnicity.
- **Language** - Almost all participants (n = 796) indicated that their primary language was English and only four (4) indicated it was Spanish. Considering Kansas data indicate 11.1% people speak a language other than English at home, a disproportionately low number of participants from different language groups participated in the survey.
- **Education** – Of the survey participants, 33.3% had a Bachelor’s degree or higher, similar to Kansas census data (30.7%).
- **Marital Status** - The majority of respondents (62.9%) were married, which is higher than average for Kansas (58%).
- **Employment Status** – Nearly half of the respondents were employed full-time and 9.1% were part-time employees. Thus, approximately 60% of them were in work force. In Kansas, between 2011 and 2015, 66.3% (age 16+) were in labor force.
- **Family Income** – The median annual family income of survey respondents was between \$40,000-\$59,999. According to the 2015 Census report, the median household income across Kansas was \$52,205.
- **Political Ideology/Affiliation** – The plurality of respondents (32.6%) considered themselves to be moderate, with conservative (23.3%) and liberal (18%) following. Although not directly equivalent, the Kansas Voter Registration and Party Affiliation

report in 2015 indicated that 44.6% of Kansas were Republican, unaffiliated (30.7%), Democrat (24.0%), and Libertarian (0.7%).

- **Religious Affiliation** - Nearly 60% of respondents reported that they were Protestant which showed a similar pattern with Pew Research Center report in 2016 for Kansas with 57%.

The following table shows Kansas demographic information from census and other publicly available sources.

Table C.2
Kansas Census Demographic Data

Demographic		Kansas
Population¹		2,774,044
Age¹	Age 18+	2,049,278
	Over 65	356,792
Sex²	Male	49.9%
	Female	50.1%
Race²	White (alone)	86.7%
	African American/Black (alone)	6.3%
	American Indian/Alaskan Native (alone)	1.2%
	Asian (alone)	2.9%
	Native Hawaiian (alone)	0.1%
	Two or More Races	2.9%
	Hispanic/Latino	11.6%
Persons per Household²		2.53
Education²	High School Degree or higher (age 25+)	90.2%
	Bachelor's Degree or higher (age 25+)	31.0%
Economy²	In Labor Force (age 16+)	66.3%
	Median Household Income	\$52,205
	Persons in Poverty	13.0%
Health²	With a disability, under age 65 years, 2011-2015	8.6%
	Persons without health insurance, under age 65 years	10.6%
Language other than English spoken at home²		11.3%
Marital Status³	Married	58.0%

	Widowed	6.6%
	Divorced	10.1%
	Separated	1.2%
	Never Married	24.1%
Voter Registration & Party Affiliation⁴	Democratic	24.0%
	Libertarian	0.7%
	Republican	44.6%
	Unaffiliated	30.7%
Religious Affiliation⁵	Protestant Christian (i.e. Evangelical Protestant, Mainline Protestant, Historically Black Protestant)	57%
	Catholic	18%
	No Affiliation	14%
	Agnostic	3%
	Atheist	2%
	Buddhist	1%
	Jehovah's Witness	1%
	Mormon	1%
	Muslim	1%
	Hindu	<1%
	Jewish	<1%
	Orthodox Christian	<1%
	Other Christian	<1%
	Other World Religions	<1%
	Don't know	<1%

Appendix D: Participant's Demographic Information - Kansas vs. CDC-funded States

The following is a brief description of survey participants' demographic information. This information is compared with five CDC-funded states' integrated survey participants, including: California (CA), Colorado (CO), Massachusetts (MA), North Carolina (NC), and Washington (WA).

- **Gender** - Of the 800 Kansans that were surveyed, 58% were female ($n = 461$) and 42% were male ($n = 339$). There were 2,500 participants from the CDC-funded states; 52% were female ($n = 1289$).
- **Age/Generation** - The original data was collected as birth year and was then recoded into age. Kansas participants' ages ranged from 19 to 94 years. The average age of Kansas participants was 47 while the average age of the CDC-funded states' participants was 48 years.

The age was recoded into the following four generation categories for further analysis and compared with the CDC data. There was a similar pattern of percentages between KS vs. CDC.

Table D.1

Generation Comparison

Generations	KS	CDC
Great Generation (born before 1946)	12.3%	11.0%
Baby Boomers (1946-1964)	30.4%	34.2%
Generation X (1965-1981)	27.4%	27.1%
Millennials (1982+)	29.9%	27.1%

- **Race/Ethnicity** – The majority of survey participants were White in both samples. Kansas participants had approximately 20% more White, nearly 8% fewer African American/Black, and 10% fewer Hispanic individuals than the sample from the CDC-funded states.

Table D.2

Race/Ethnicity Comparison

Race/Ethnicity	KS	CDC
White	87.0%	67.2%
African American/Black	3.8%	11.7%
Hispanic	4.1%	14.0%
Other	5.1%	7.1%

- **Education** – More individuals in Kansas indicated that their highest form of education was some college and over compared with the CDC participants. However, for high school or less, Kansans had 16.5% fewer individuals than the CDC.

Table D.3

Education Comparison

Final Education	KS	CDC
High school or less	26.6%	43.1%
Some college	28.2%	22.2%
2- or 4-year college	34.4%	25.5%
Post graduate	10.8%	9.2%

- **Marital Status** – Sixty-three (63) percent of Kansas respondents were married compared with 53% for CDC-funded states.
- **Employment Status** – Fifty percent of the Kansas respondents were employed full-time and 9% were part-time employees. Among the CDC-funded states, 44% of participants were full-time and 11% were part-time employees. Overall, more than half of Kansas participants (59%) and CDC participants (55%) were in the workforce.
- **Family Income** – The median annual family income of Kansas respondents was between \$40,000-\$59,999. The following table depicts the household income comparison between Kansas and CDC respondents.

Table D.4

Household Income Comparison

Household Income	KS	CDC
Less than \$20,000	16.5%	15.8%
\$20,000 - \$39,999	22.0%	23.5%
\$40,000 - \$59,999	8.5%	16.4%
\$60,000 - \$79,999	17.4%	12.5%
\$80,000 and over	26.1%	18.2%
Missing	9.5%	13.6%

- **Children in the Household** – 37% of the Kansas respondents had children in their households (average number of children = 1.1) compared with 36% of the CDC respondents (average = 1.9).
- **Political Ideology** – Among Kansas respondents, 31.1% indicated their political ideology as conservative and 24.9% as liberal (32.6% as moderate). Among the CDC sample, 34% indicated their political ideology as conservative and 20% as liberal (Note: The CDC did not provide data for moderate).

- **Religious Affiliation** – Nearly 60% of Kansas respondents identified themselves as Protestant and 13.4% as Roman Catholic. For the CDC-funded states, 38.2% were Protestant and 19.8% Catholic.

The following charts depict more detailed demographic information of Kansas survey participants.

Figure D.1

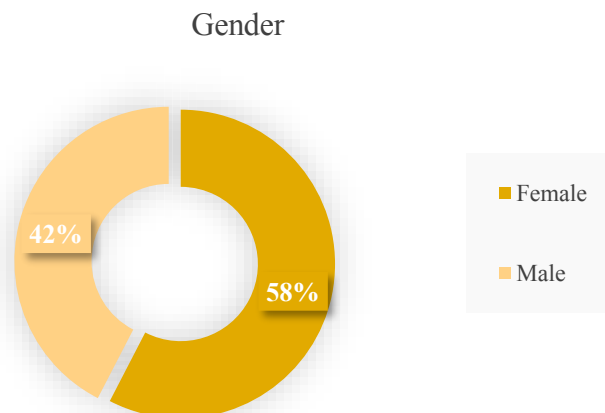


Figure D.2

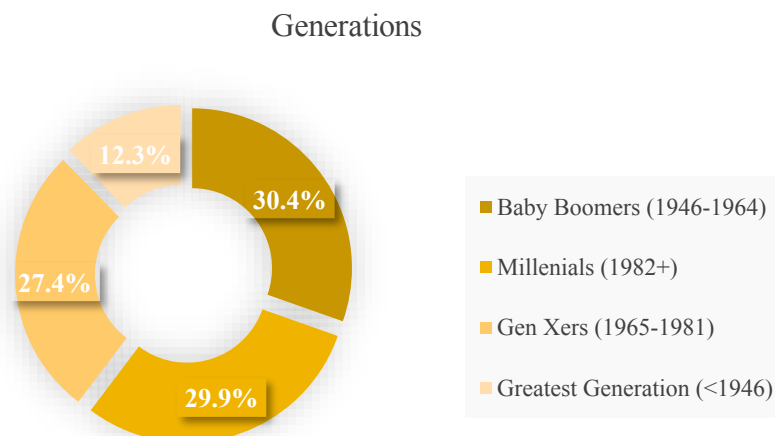


Figure D.3

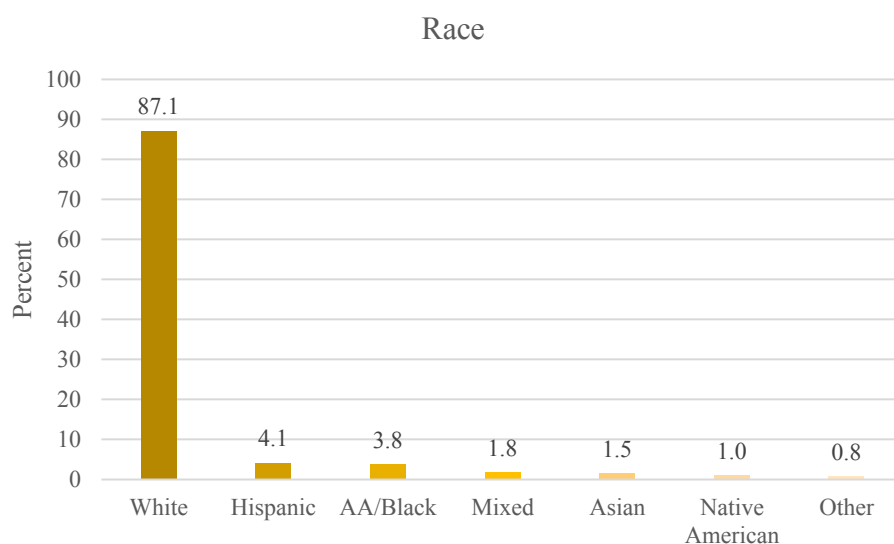


Figure D.4

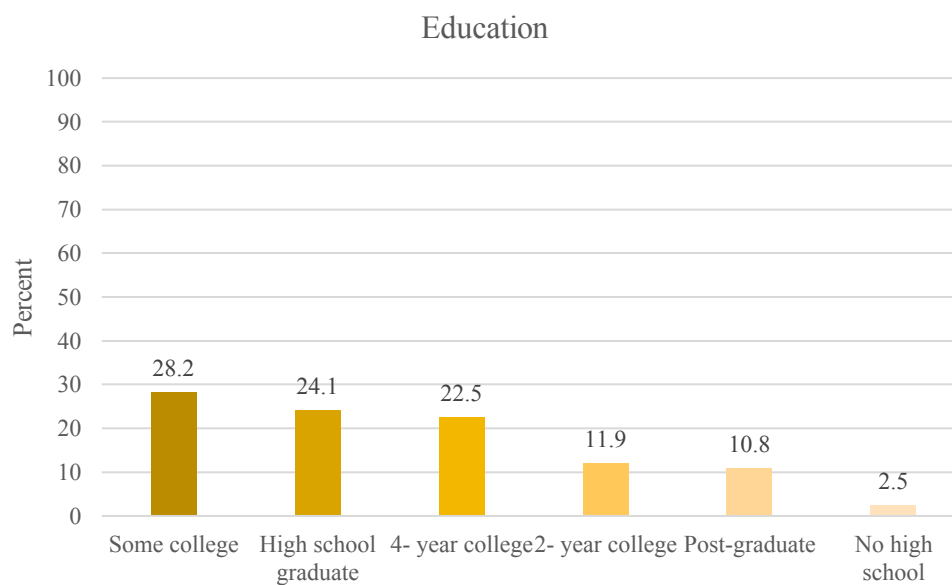


Figure D.5

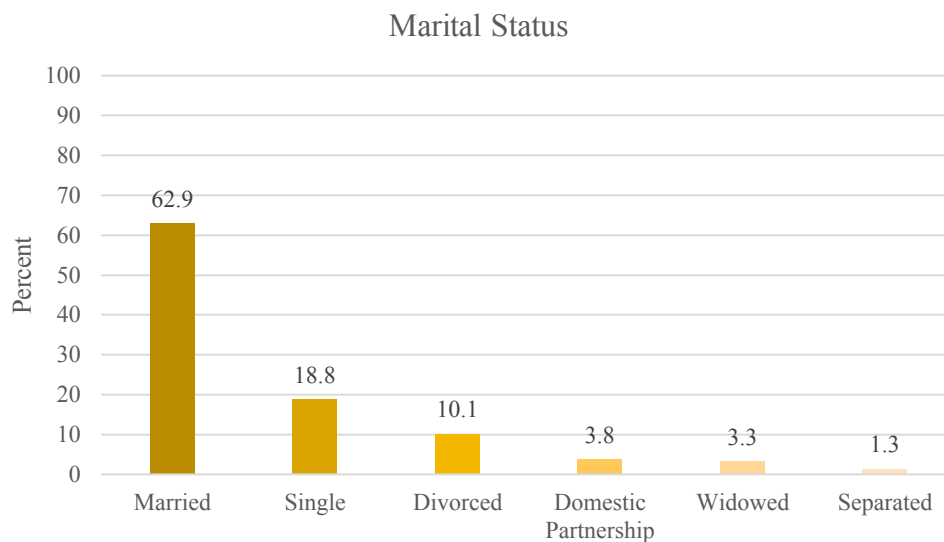


Figure D.6

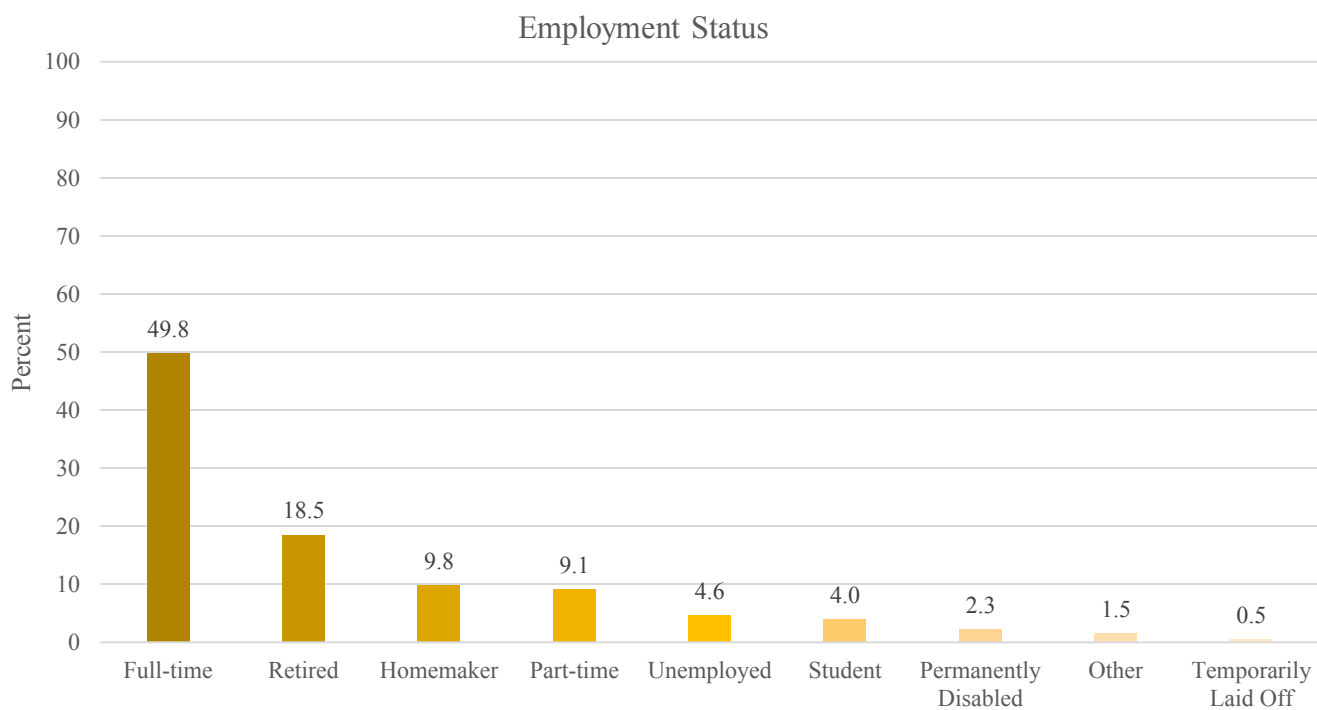


Figure D.7

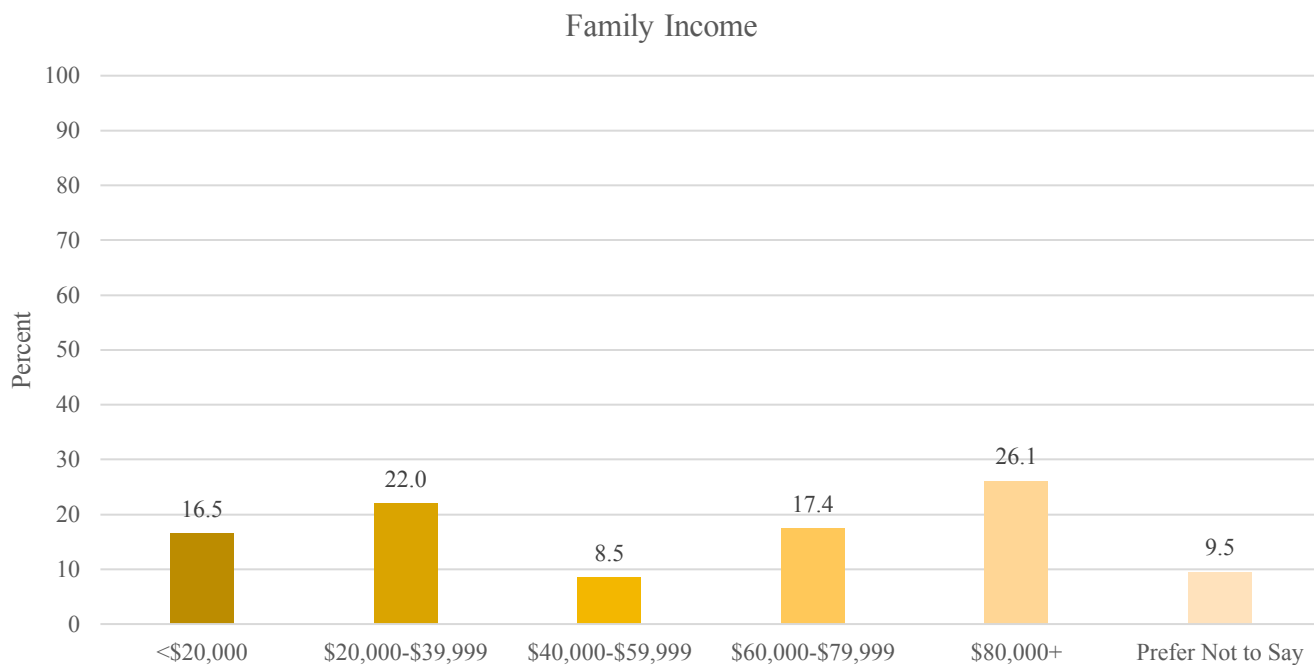


Figure D.8

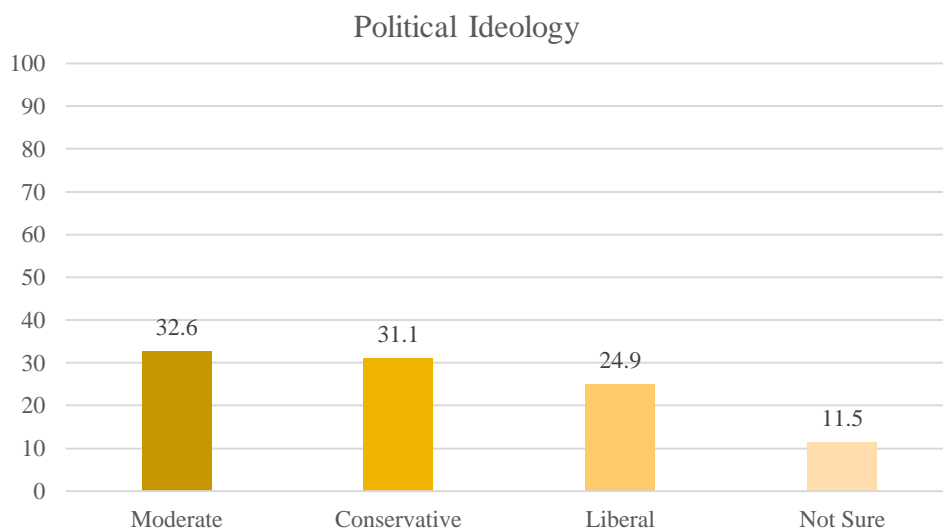


Figure D.9

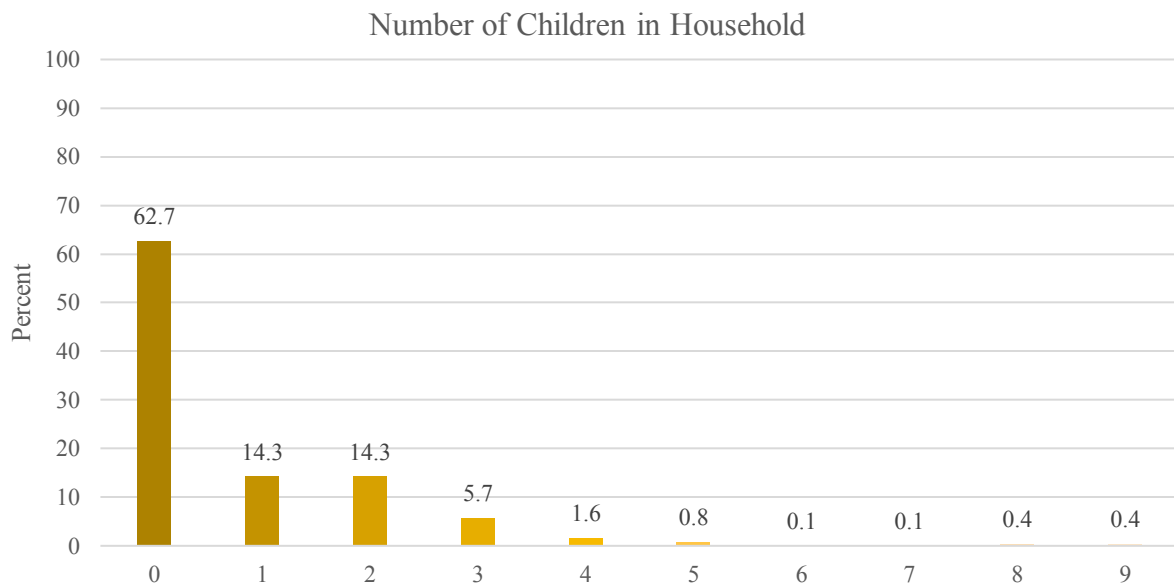
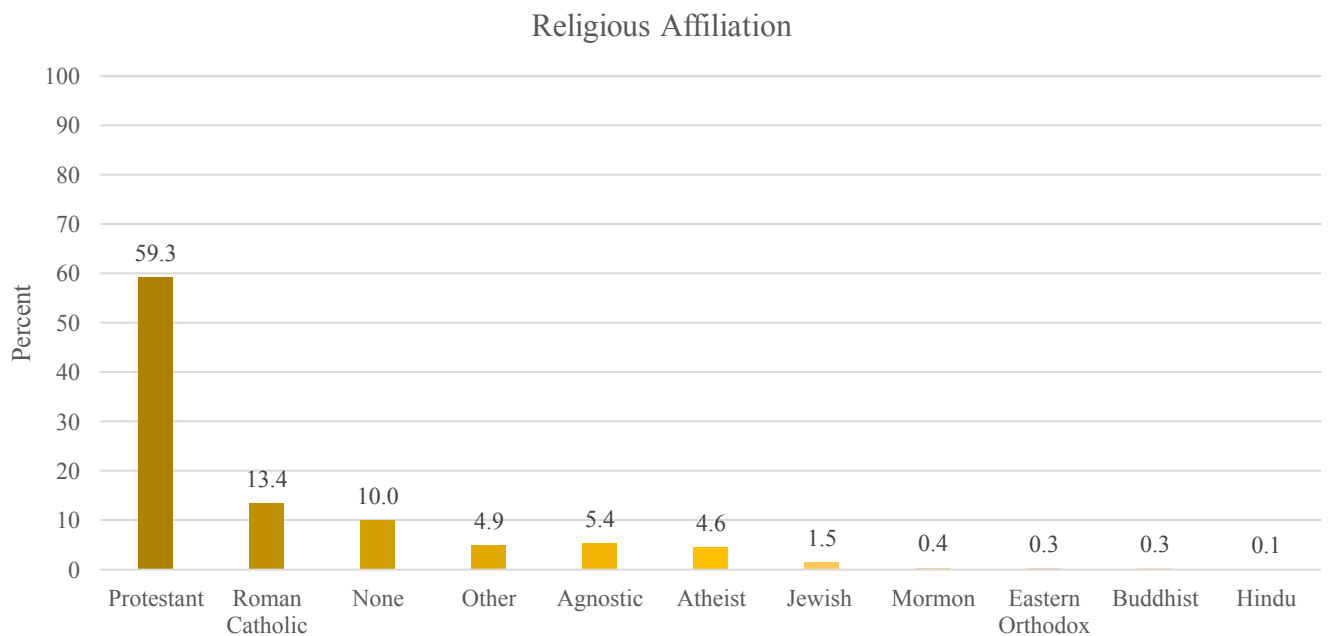


Figure D.10



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About the Community Engagement Institute

Wichita State University's Community Engagement Institute is dedicated to improving the health of Kansans through leadership development, research and evaluation, organizational capacity building, community collaboration, and public health and behavioral health initiatives. The Community Engagement Institute maintains six Centers with skilled staff that work directly with community coalitions, nonprofits, government entities, health and human services organizations, and support groups. The Centers are:

- Center for Applied Research and Evaluation
- Center for Behavioral Health Initiatives
- Center for Leadership Development
- Center for Organizational Development and Collaboration
- Center for Public Health Initiatives
- IMPact Center

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